

**SEPARATION CLEARANCE CERTIFICATE****SECTION I.—TO BE COMPLETED BY IMMEDIATE SUPERVISOR****INSTRUCTIONS FOR SUPERVISORS:**

Initiate this form normally one week before an employee's separation, according to your Departmental Office or operating unit's internal procedures. Advise the separating employee on the clearance process. Complete Section I, determine which OTHER CLEARANCES are appropriate for the separating employee and check those blocks in Section III.

NAME OF SEPARATING EMPLOYEE	EFFECTIVE DATE OF SEPARATION	DATE INITIATED
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FULL NAME OF ORGANIZATION

**TYPE OF SEPARATION:**

☐ LEAVING FEDERAL SERVICE      ☐ TRANSFER TO ANOTHER AGENCY      ☐ TRANSFER WITHIN COMMERCE

REQUEST FOR PERSONNEL ACTION, SF-52      ☐ SUBMITTED      ☐ ATTACHED      ☐ NOT REQUIRED

INTERIM SUMMARY PERFORMANCE APPRAISAL, CD-396      ☐ ATTACHED      ☐ NOT REQUIRED  
Required when employee transfers to another position in the Department or another Federal agency after serving in his/her position for 120 days or more during the appraisal cycle.

LUMP SUM LEAVE PAYMENT, AD-581      **Reference:** Time and Attendance Manual Exhibits on Reports and Form Preparation—Part A.      ☐ ATTACHED      ☐ NOT REQUIRED

LEAVE AUDIT, AD-717      **Reference:** Time and Attendance Manual Exhibits on Reports and Form Preparation—Part C.      ☐ ATTACHED      ☐ NOT REQUIRED

CHANGE IN TELEPHONE DIRECTORY INFORMATION      ☐ SUBMITTED      ☐ NOT REQUIRED

SUPERVISOR'S SIGNATURE	DATE	TELEPHONE
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**SECTION II.—ADMINISTRATIVE CLEARANCES: (Required Clearances for All Employees)****INSTRUCTIONS FOR EMPLOYEES:**

**TO AVOID DELAY IN FINAL PAYCHECK** this form must be completed and submitted to your servicing personnel office before your final paycheck, lump sum leave payment or any other monies due you can be released. You must clear every item in Section II and any checked item(s) in Section III.

Follow your Departmental Office or operating unit's clearance procedure.

Clear your servicing personnel office last, normally on your last work day.

If you want your final paycheck sent to an address other than where your paychecks are currently being sent, complete and attach the AD-349 to this clearance form.

**INSTRUCTIONS FOR CLEARANCE OFFICIALS:**

Indicate clearance of chargeable items by signing the applicable block.

Above your signature in the applicable block note the reasons any chargeable item was not accounted for or returned and indicate the dollar value of unaccounted for items to be collected from the employee.

Sign (using full signature) and date the appropriate clearance block(s). Include your phone number.

1. CD-43, CD-128 OR OTHER OFFICIAL IDENTIFICATION.	CLEARED BY: <i>Signature</i>	<i>Date</i>	<i>Telephone</i>
2. DOOR KEYS AND/OR ELECTRONIC DOOR KEY CARDS.			
3. GOVERNMENT TRAVEL CHARGE			
4. TELEPHONE CREDIT CARDS.			
5. IMPREST FUND PAYMENTS.			
6. PERSONALLY CHARGED PROPERTY.			
7. TRANSPORTATION REQUESTS (Cleared with servicing ASC or MSC).			
8. TRAVEL ADVANCE.			

(continue on reverse)

**SECTION III.—OTHER CLEARANCES: (CLEAR ONLY IF CHECKED).**

	CLEARED BY: <i>Signature</i>	<i>Date</i>	<i>Telephone</i>
<input type="checkbox"/> INVESTIGATIVE CREDENTIAL AND BADGE			
<input type="checkbox"/> OFFICIAL OR DIPLOMATIC PASSPORT			
<input type="checkbox"/> OFFICIAL PARKING PERMITS (COMMERCE/LOCAL GOVERNMENT)			
<input type="checkbox"/> SECURITY DEBRIEFING/COURIER AUTHORIZATION, CD-75			
<input type="checkbox"/> FEMA SPECIAL FACILITY PASS			
<input type="checkbox"/> LIBRARY			
<input type="checkbox"/> LAW LIBRARY (LEXIS/NEXIS/WESTLAW/LEGISLATE)			
<input type="checkbox"/> COMPUTER ACCESS			
<input type="checkbox"/> CLASSIFIED/SENSITIVE INFORMATION			
<input type="checkbox"/> HAZARDOUS MATERIALS			
<input type="checkbox"/> CONTINUED SERVICE AGREEMENT—SF-182, TRAINING			
<input type="checkbox"/> CONTINUED SERVICE AGREEMENT—CD-150, RELOCATION			
<input type="checkbox"/> CLASSIFIED SECURITY CONTROL POINT			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**SECTION IV.—EMPLOYEE CERTIFICATION**

I certify that, except as otherwise indicated, I have no Government property, records or documents, including classified material issued or furnished by the Department of Commerce or reproduced by me, and I am not otherwise indebted to the United States Government.

I certify that I have reviewed all the non-record documents (defined in DAO-205-3) that I plan to remove from the Department. None of these documents contain national security information or other information afforded protection under various statutes or regulations, such as privacy information or trade secrets; relate to any pending or contemplated civil, criminal, or administrative proceeding or other program activity where their release could prejudice the matter; if removed, would hinder the efficient, continued functioning of an office or of my successor; if removed, would diminish the records or other documentary information needed for the official business of the Department; if removed, would violate the confidentiality of any interest protected by law, such as national security, privacy, trade secrets; if removed, would exceed normal administrative economies (i.e., impose an unreasonable cost or burden created by copying or removing the materials from the building); or if removed, would unnecessarily expose, or risk exposing, to the public any internal deliberations, opinions, legal or policy advice, law enforcement materials, or other professional work-product of any officer or employee of the Department. In addition, I understand that I must obtain clearance from the appropriate official possessing authority under Section 4 of DAO 205-12 before I will be permitted to remove any documents that would not normally be released to a third party under the Freedom of Information Act.

I received, read and understand the memorandum from the Office of General Counsel about the post employment restrictions under 18 U.S.C. 207.

SIGNATURE	DATE	PRIVACY ACT STATEMENT. Your Social Security number is already part of the Personnel and Payroll Information Systems: please include the number on this form to help accurately identify your records and expedite payments of any monies due you. <input type="text"/>
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**SECTION V.—SERVICING PERSONNEL OFFICE CLEARANCE****FORMS GIVEN TO SEPARATING EMPLOYEE:**

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|--|--|
| <input type="checkbox"/> SF-8, UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> SF-2810, HEALTH BENEFITS            |
| <input type="checkbox"/> SF-2803, RETIREMENT REFUND      | <input type="checkbox"/> SF-2819, FEGLI-NOTICE OF CONVERSION |

Cleared AD-58 released to NFC

Not Cleared NFC notified by: \_\_\_\_\_

AD-343 issued—Amount due \$ \_\_\_\_\_ Issued by: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_